

DCBS Number:
DCBS Name:

DCBS-1265

**Commonwealth of Kentucky
Cabinet for Families and Children
Department for Community Based Services**

REDETERMINATION STATUS REPORT

To: Social Services Worker _____

Date:

Complete the requested activities, complete the form and return it within 10 working days to your Children's Benefits worker .
Failure to complete these activities and return the completed form by this date may result in discontinued benefits for this child.
If case has been transferred, forward form to new worker and notify CBW.

Child's Name

TWIST Number

1. Our records show the child entered via a voluntary commitment agreement signed
Was there a court Order obtained within 180 days of the date VCA was signed? Yes No N/A
If Yes, Enter hearing data in TWIST Court Screens. Enter Court Case ID Number _____
(Send ORDER).

2. Our records show the child entered via a court order, Court Case Id
Has the child's legal status changed in the past 12 months ? (Commitment, TPR, Release, etc) Yes No N/A
If Yes, Enter hearing data in TWIST Court Screens. Enter Court Case ID Number _____
(Send ORDER).

3.

Resource Name	Resource Type

Has the child's placement changed ? Yes No N/A
If Yes, Enter the current placement data in TWIST Enter/Exit Screens.

4. If child is in a relative placement, does the child receive Kinship Care or K-Tap benefits ? Yes No N/A
If Yes, Enter the current information in the TWIST Financial Resource Screens.

5. Our records show the Child's age is
If the child is 18, is he/she expected to complete high school or equivalent course of study by age 19 ? Yes No N/A
If Yes, Enter the current school information in the TWIST School Screens.

6. Our records show the child was deprived of parental support due to
a. Is one or both parents still absent ? Yes No N/A
b. If parents are together, is one parent unable to work due to incapacity ? Yes No N/A
c. If the child was removed from the home of both parents, has the principal wage earner been
unemployed or employed less than 100 hours per month in any month during the previous 12 months ? Yes No N/A

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7. Our records show the Child's combined income totaled
Has the child's income changed from what is indicated above ? Yes No N/A
If Yes, Enter any income information in the TWIST Financial Resource Screens.
(Consider: child support, employment income, Social Security, SSI, VA, RR, Black Lung, etc)
8. Our records show the Child's combined assets totaled
Have the child's assets changed from what is indicated above ? Yes No N/A
If Yes, Enter any asset information in the TWIST Financial Resource Screens.
(Consider: Cash on Hand, Checking or Savings, Trust, Vehicle, Real Estate, etc)
9. Our records show child support in the amount of _____ last paid on _____
Has there been a change in the court ordered child support ? Yes No N/A
If Yes, Enter the child support information in the TWIST Child Support Screens.

Comments _____

Case Manager FSW _____ Date completed _____

**ALWAYS REMEMBER TO SEND A COPY OF THE MOST RECENT "ANNUAL" PERMANENCY REVIEW /
DISPOSITIONAL ORDER TO YOUR CBW**

Instructions

Answer each questions with the appropriate response.

1. If you answer 'Yes' to any question, enter the required information on the appropriate TWIST screen as directed.
It may be easiest to: a) review the questions, b) enter any required information in TWIST, c) then complete this form.
2. Type your name and the date you completed the form.
3. E-Mail the completed form to the benefit worker listed below.
How to E-Mail:
1 - Click the mail icon (Envelope) on the toolbar. - This document will automatically become a mail attachment.
2 - Click the 'To' button to display the address lists
3 - Select the appropriate CBW for your county
4 - Click 'Send'
4. Print a copy of the completed form.
5. Gather the required documents along with the printed form and mail to the following address.
(Court Orders, Child Support Order, Annual Permanency Review/Dispositional Order)

SEND TO: CBW